

11-26-04

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24353

7590

08/31/2004

BOZICEVIC, FIELD &amp; FRANCIS LLP

200 MIDDLEFIELD RD

SUITE 200

MENLO PARK, CA 94025

11/30/2004 CCHAU2 00000121 500815 09881045

01 FC:2501 685.00 DA  
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Kimberly W. Zuehlke

(Depositor's name)

Kimberly W. Zuehlke

(Signature)

24 November 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/881,045	06/15/2001	Stephen W. Downing	034495-0103	5171

TITLE OF INVENTION: APPARATUSES AND METHODS FOR PERFORMING MINIMALLY INVASIVE DIAGNOSTIC AND SURGICAL PROCEDURES INSIDE OF A BEATING HEART

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	11/30/2004

  

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, VI X	3731	606-228000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Carol M. LaSalle  
 2 Bozicevic, Field &  
 3 Francis LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Maryland, Baltimore

Baltimore, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0815 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Carol M. LaSalle

Date

11/24/04

Typed or printed name

Carol M. LaSalle

Registration No.

39,740

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